

# Problems & Prospects of Polio Eradication (wild virus)

## Challenges & solutions

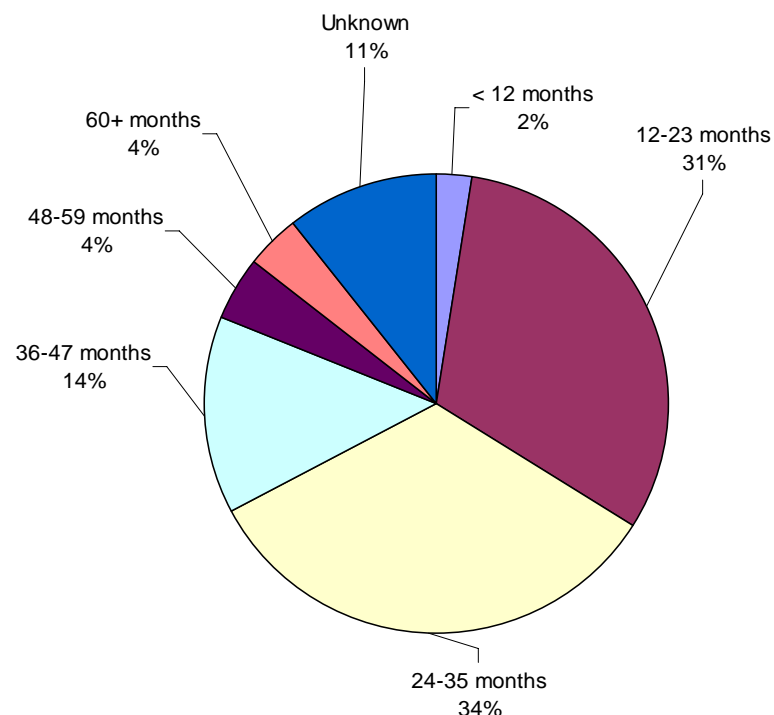
T Jacob John, FAMS, FNA  
19 September 2007

# 4 countries and polar spectrum of ease / difficulty

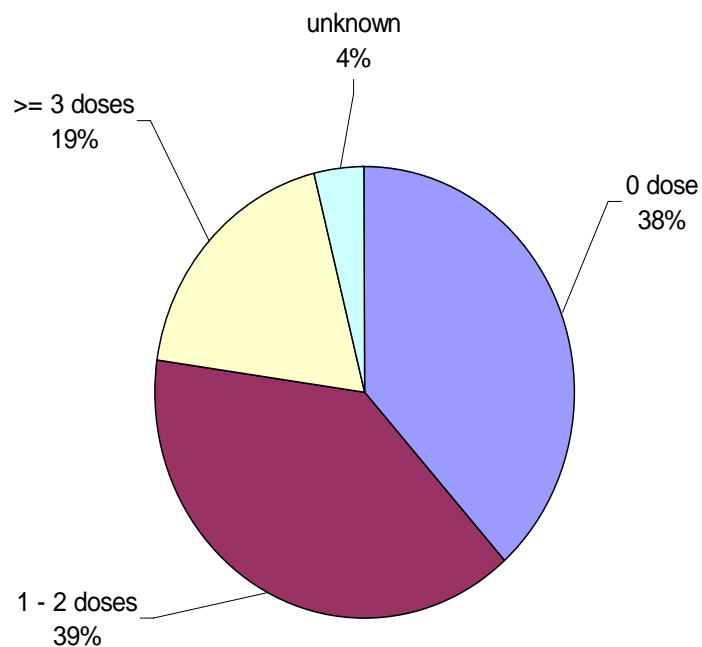
- Recognize there is spectrum; one cut does not fit all
- Wild virus transmission is “highly contagious”
- Transmission efficiency ( $R_0$ ) is spectral, proportional to “density of infants”, determined by population density & birth rate
- The “bar” for “immunization” efficiency is set by this spectrum
- OPV efficiency is also spectral; high, medium and low
- The “bar” for “vaccination” (doses, timeliness) is set by this spectrum
- UP/Bihar: worse ends of both spectra coincide; challenge is formidable
- Pakistan & Afghanistan have features of Nigeria & India
- Challenges: mix of “failure of vaccine” and “failure to vaccinate”

# Age and OPV status of Wild Poliovirus Cases, 2006, Nigeria.

## Age



## OPV

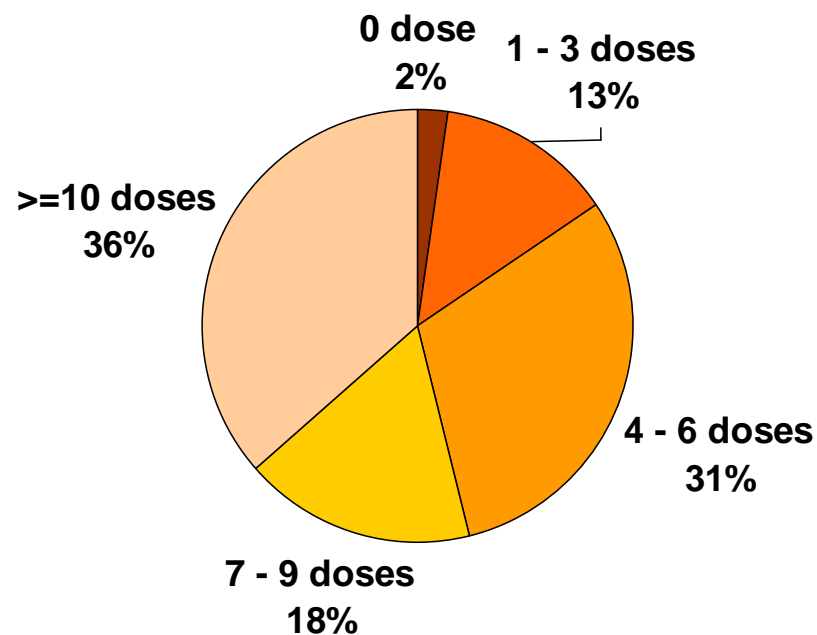


# Nigeria, summary of polio

- Only 2% <12 months, 33% <24 months
- Median age 30 months
- No OPV in 38%, < 3 doses in 77%
- 3 or more doses (“vaccine failure”) 19%
- Clear case of failure to vaccinate + failure of vaccine
- Contrast that with India (UP, Bihar)

# OPV status of AFP cases, UP, 2006\*

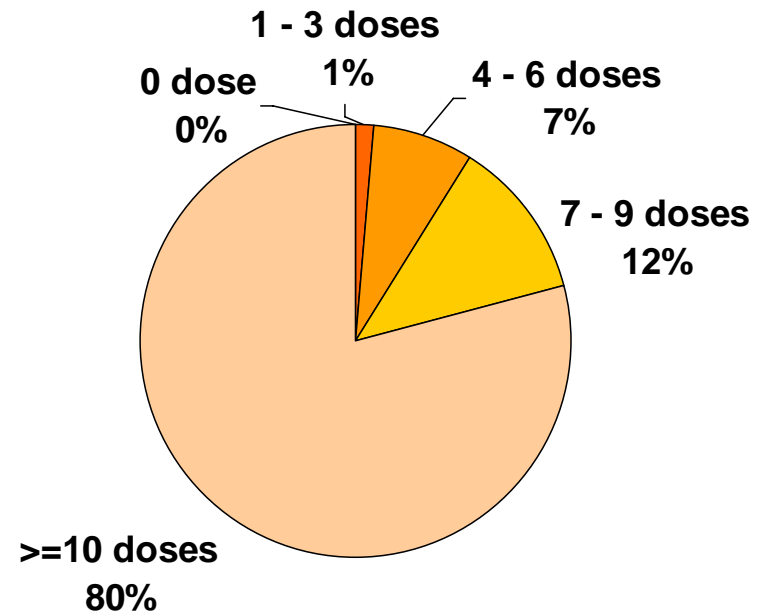
## Polio



(N=473)

## Non-polio

(age ≥6 months and age < 5 years)



(N=6749)

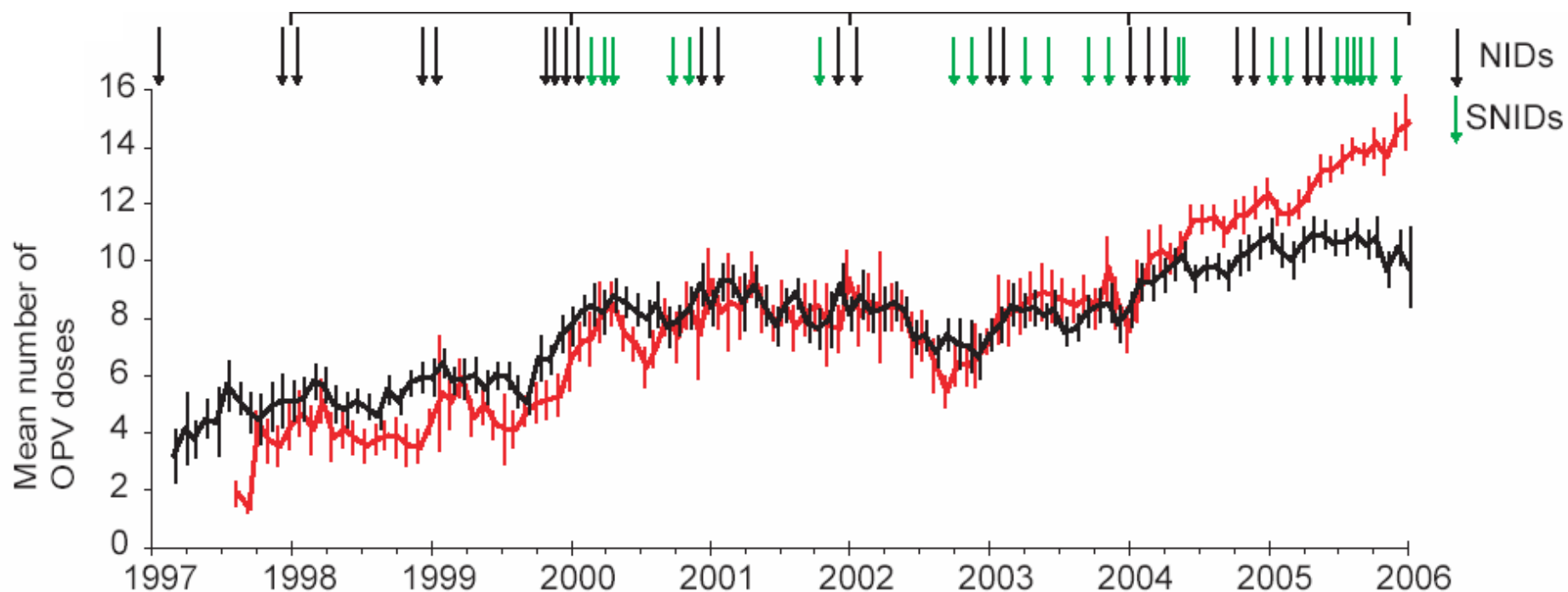
**Polio cases have fewer doses of vaccine than others.  
Children with more vaccine doses are less likely to get polio.**

\* data as on 2nd December, 2006

# UP, summary of polio

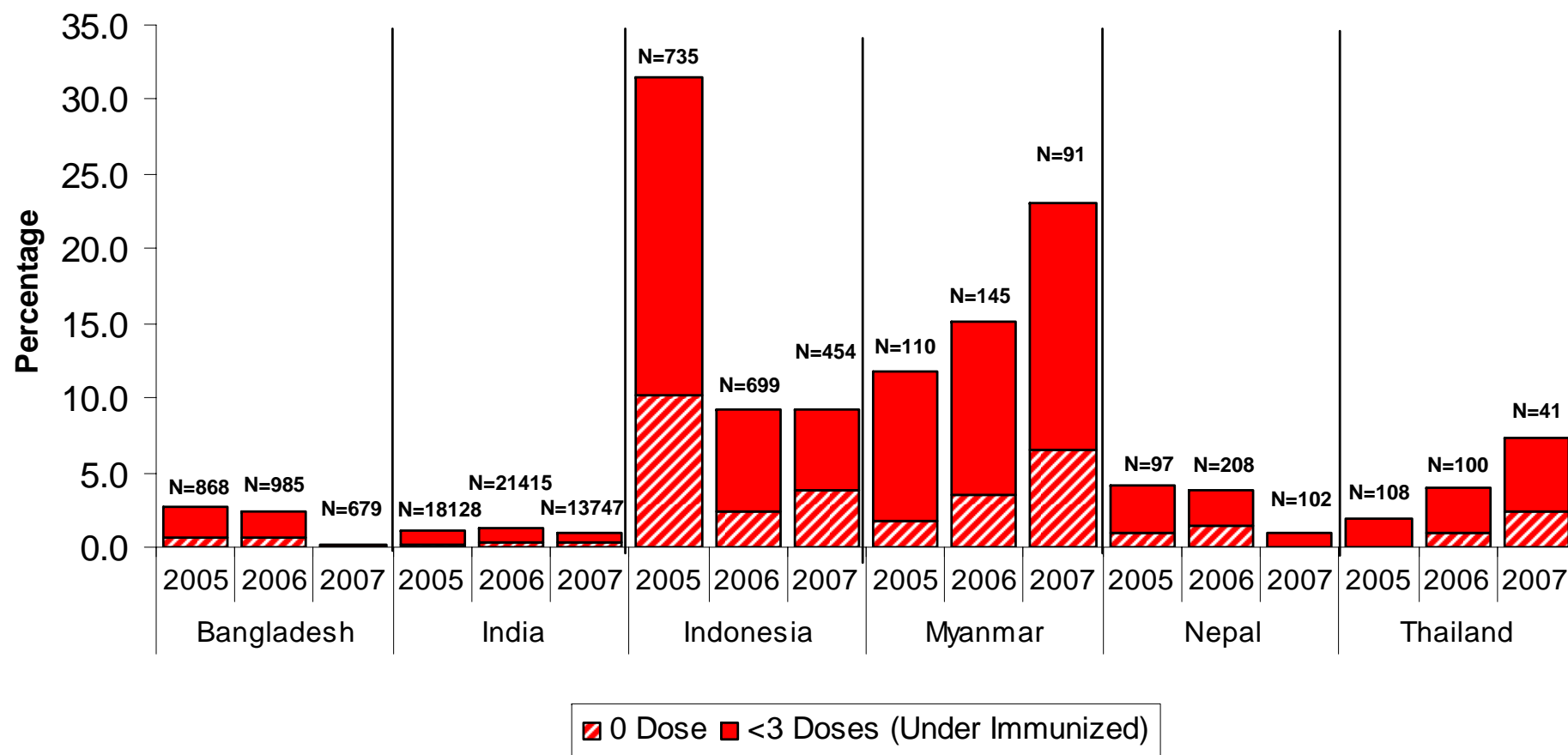
- No OPV in 2%; 85% with 4 or more doses
- 54% with 7 or more doses; 36% with 10 or more
- Clear case of “failure of vaccine”
- (Mis-diagnosed as failure to vaccinate: blaming falsification, Muslims etc. until 2006 study!)
- However, note high vaccination coverage is for 6 months to 5 years. Mean doses 15/child
- <6 months ignored (very low vaccination coverage)
- “Failure to vaccinate” the right age!

# Average number of doses of OPV received by children less than 5



UP, Bihar in red  
Rest of India, in black

# Percent Under-immunized Non-Polio AFP Cases (6 Months to 5 Yrs), SEAR, 2005-2007



Source: AFP data submitted weekly by member countries.

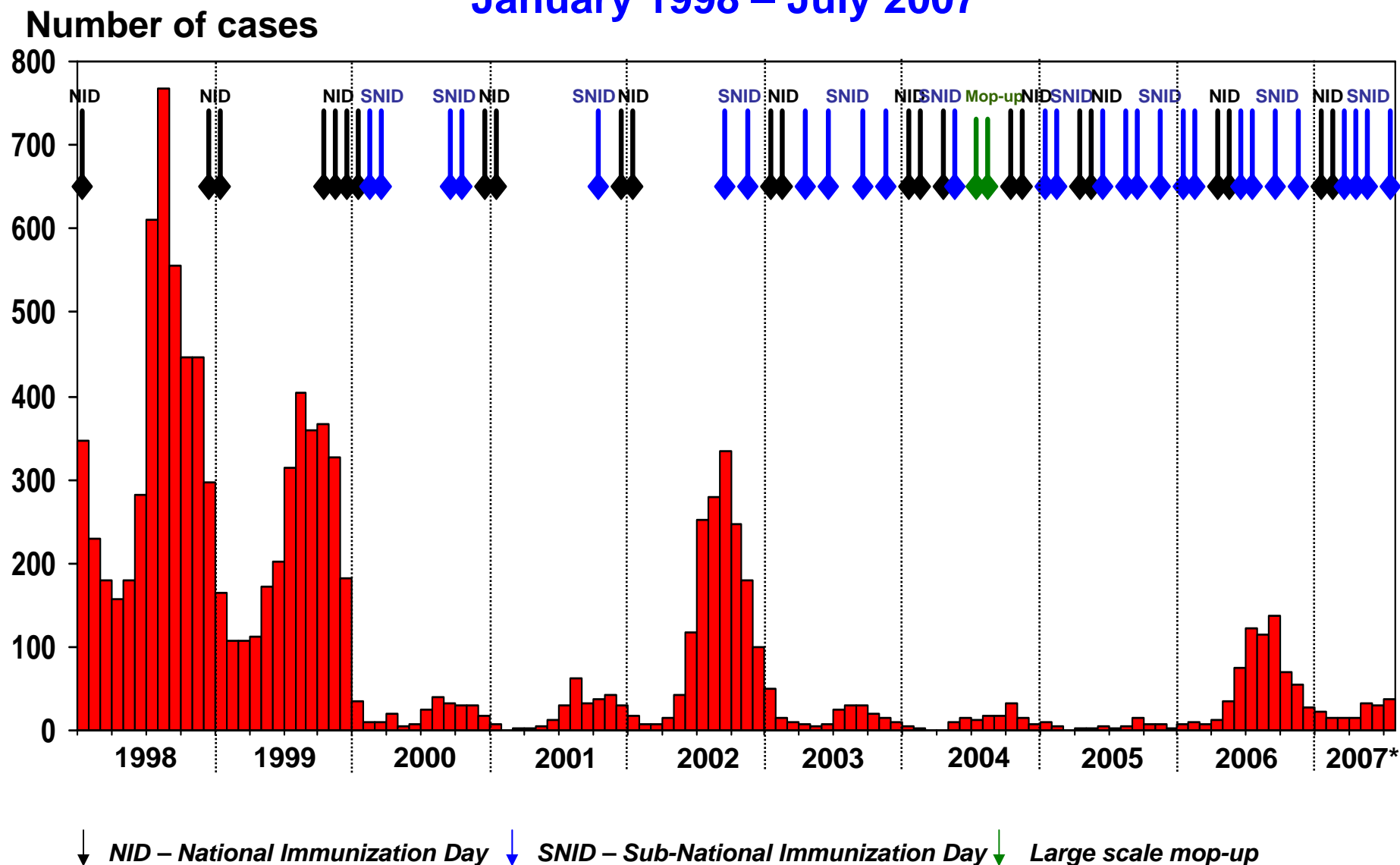
Note: Does not include cases where doses information is missing or unknown.

Data as of 03 Sep 2007



# Polio cases by month - India

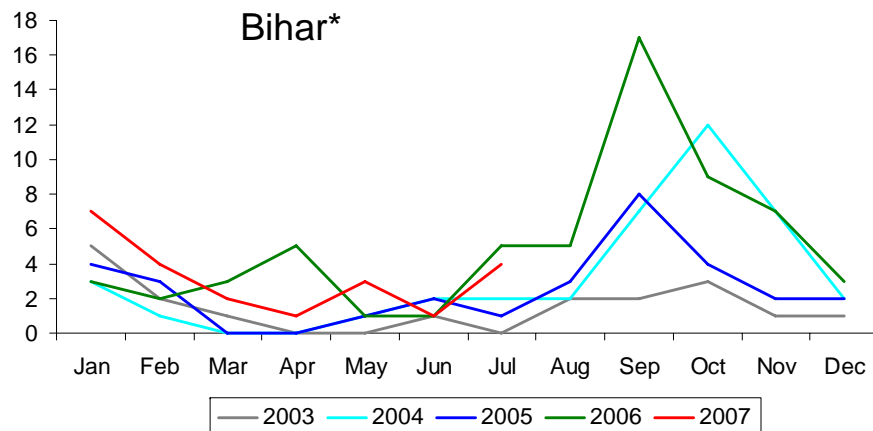
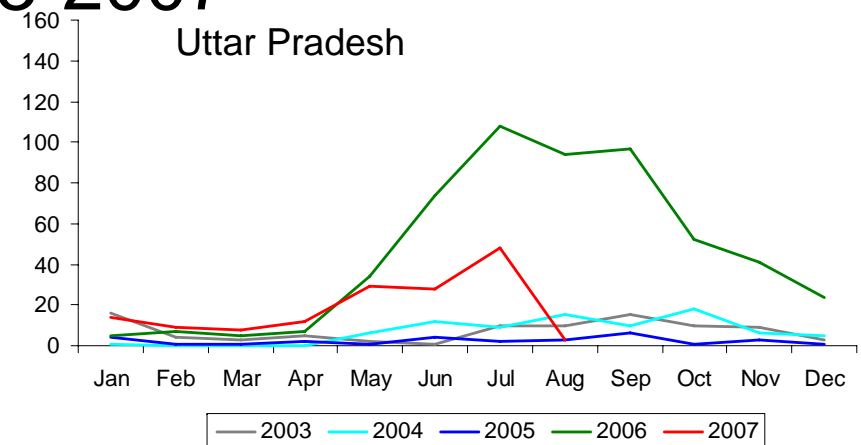
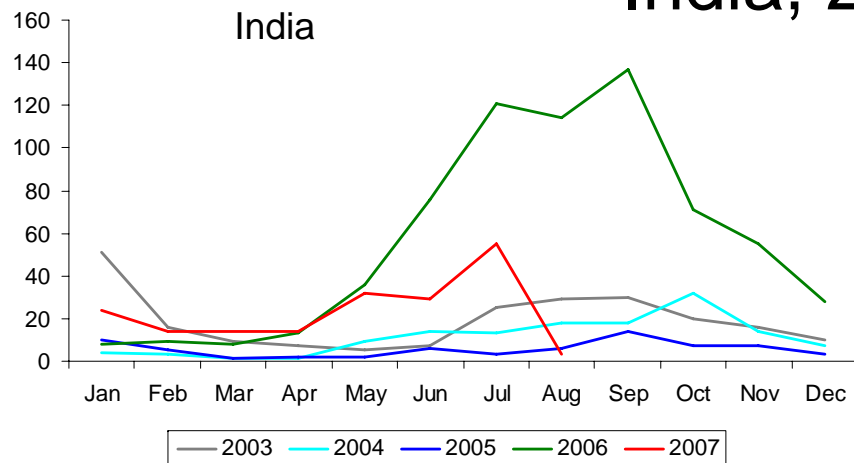
January 1998 – July 2007\*



\* data as on 18<sup>th</sup> August 2007

# Polio Cases by Month of Onset

## India, 2003-2007



MONTH	India					Uttar Pradesh					Bihar				
	2003	2004	2005	2006	2007	2003	2004	2005	2006	2007	2003	2004	2005	2006	2007
Jan	51	4	10	8	24	16	1	4	5	14	5	3	4	3	7
Feb	16	3	5	9	14	4	0	1	7	9	2	1	3	2	4
Mar	9	1	1	8	14	3	0	1	5	8	1	0	0	3	2
Apr	7	1	2	13	14	5	0	2	7	12	0	0	0	5	1
May	5	9	2	36	32	2	6	1	34	29	0	1	1	1	3
Jun	7	14	6	76	29	1	12	4	74	28	1	2	2	1	1
Jul	25	13	3	121	55	10	9	2	108	48	0	2	1	5	4
Aug	29	18	6	114	3	10	15	3	94	3	2	2	3	5	
Sep	30	18	14	137		15	10	6	97		2	7	8	17	
Oct	20	32	7	71		10	18	1	52		3	12	4	9	
Nov	16	14	7	55		9	6	3	41		1	7	2	7	
Dec	10	7	3	28		3	5	1	24		1	2	2	3	
<b>Total</b>	<b>225</b>	<b>134</b>	<b>66</b>	<b>676</b>	<b>185</b>	<b>88</b>	<b>82</b>	<b>29</b>	<b>548</b>	<b>151</b>	<b>18</b>	<b>39</b>	<b>30</b>	<b>61</b>	<b>22</b>

\*Please note: The Bihar graph is on a different scale on the Y-axis.

Data as of 03 Sep 2007

# OPV Supplementary Immunization Activities (SIAs) SEAR, 2006-2007

Country	2006												2007											
	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Bangladesh																								
Bhutan																								
DPR Korea																								
India																								
Indonesia																								
Maldives																								
Myanmar																								
Nepal																								
Sri Lanka																								
Thailand																								
Timor Leste																								

Note: Please provide any updates to SEARO EPIDATA ([epidata@searo.who.int](mailto:epidata@searo.who.int)).



-- NIDs



-- SNIDs @ > 40%+



-- SNIDs @ < 40%

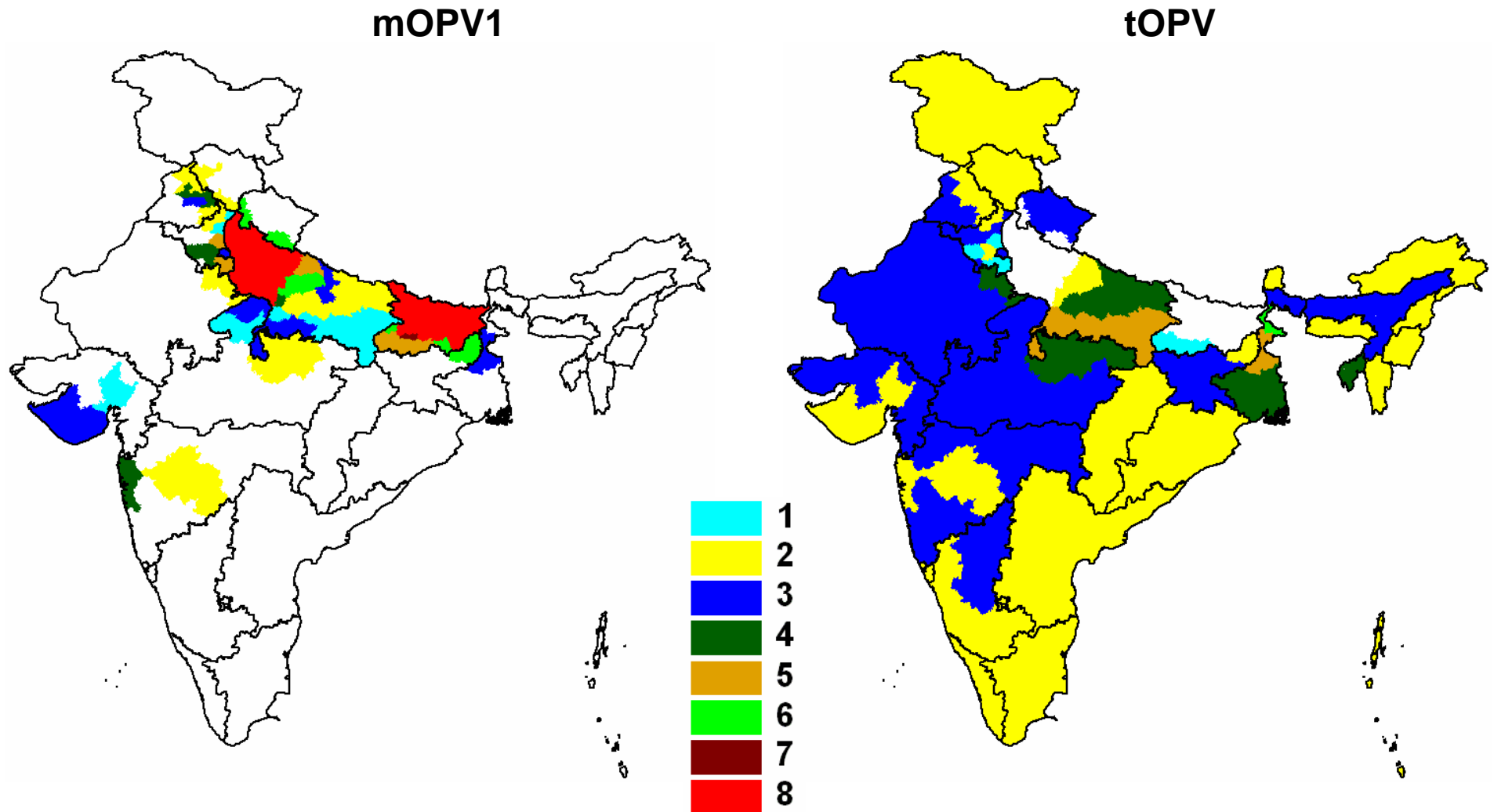


-- Proposed NIDs/SNIDs

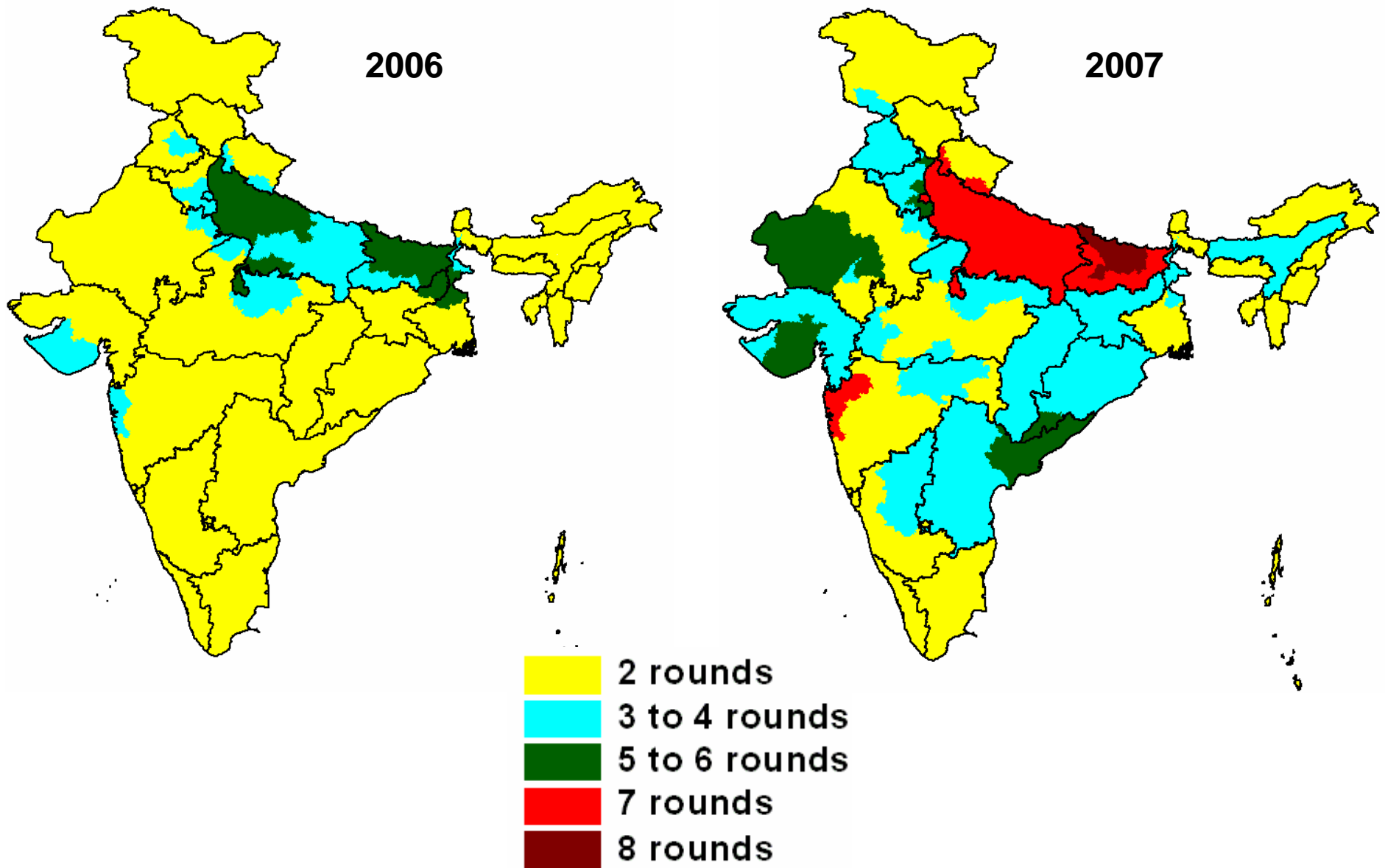


-- 2 rounds of SNIDs @ < 40%

# Has the large-scale use of mOPV1 in 2006 had an impact?



# SIA rounds, Jan to Aug

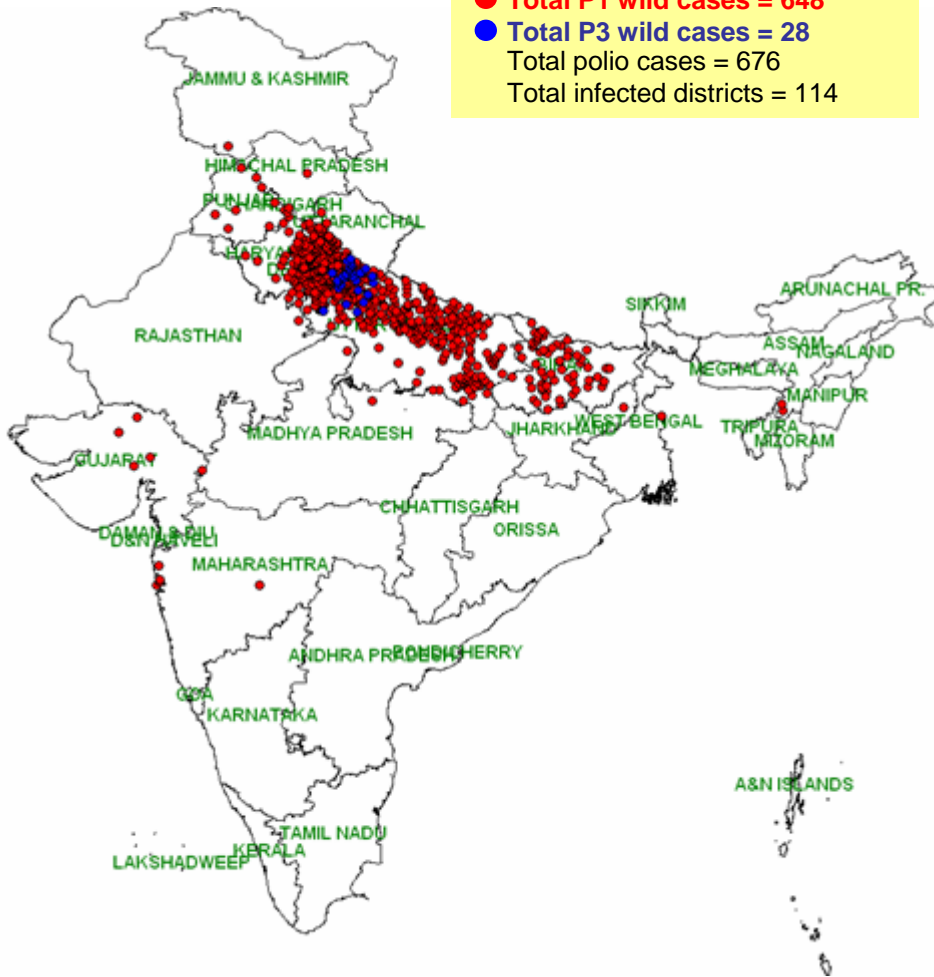


# Confirmed Polio Cases

## India, 2006-2007

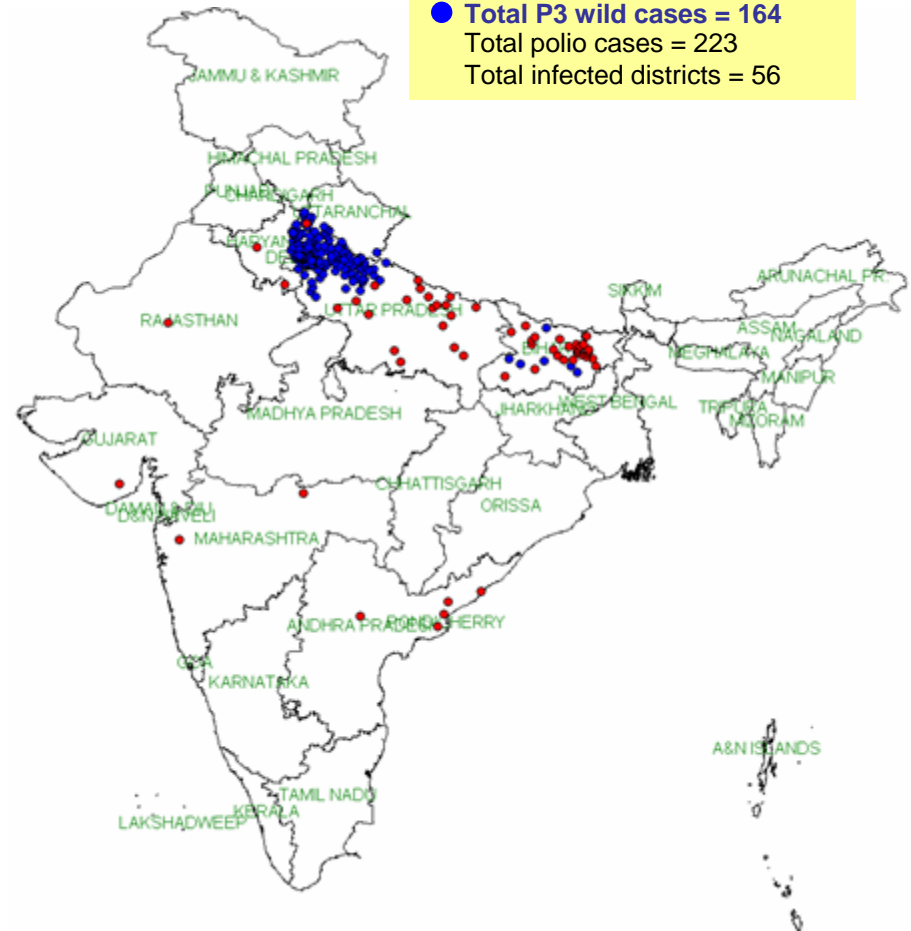
**2006**

- Total P1 wild cases = 648
- Total P3 wild cases = 28
- Total polio cases = 676
- Total infected districts = 114

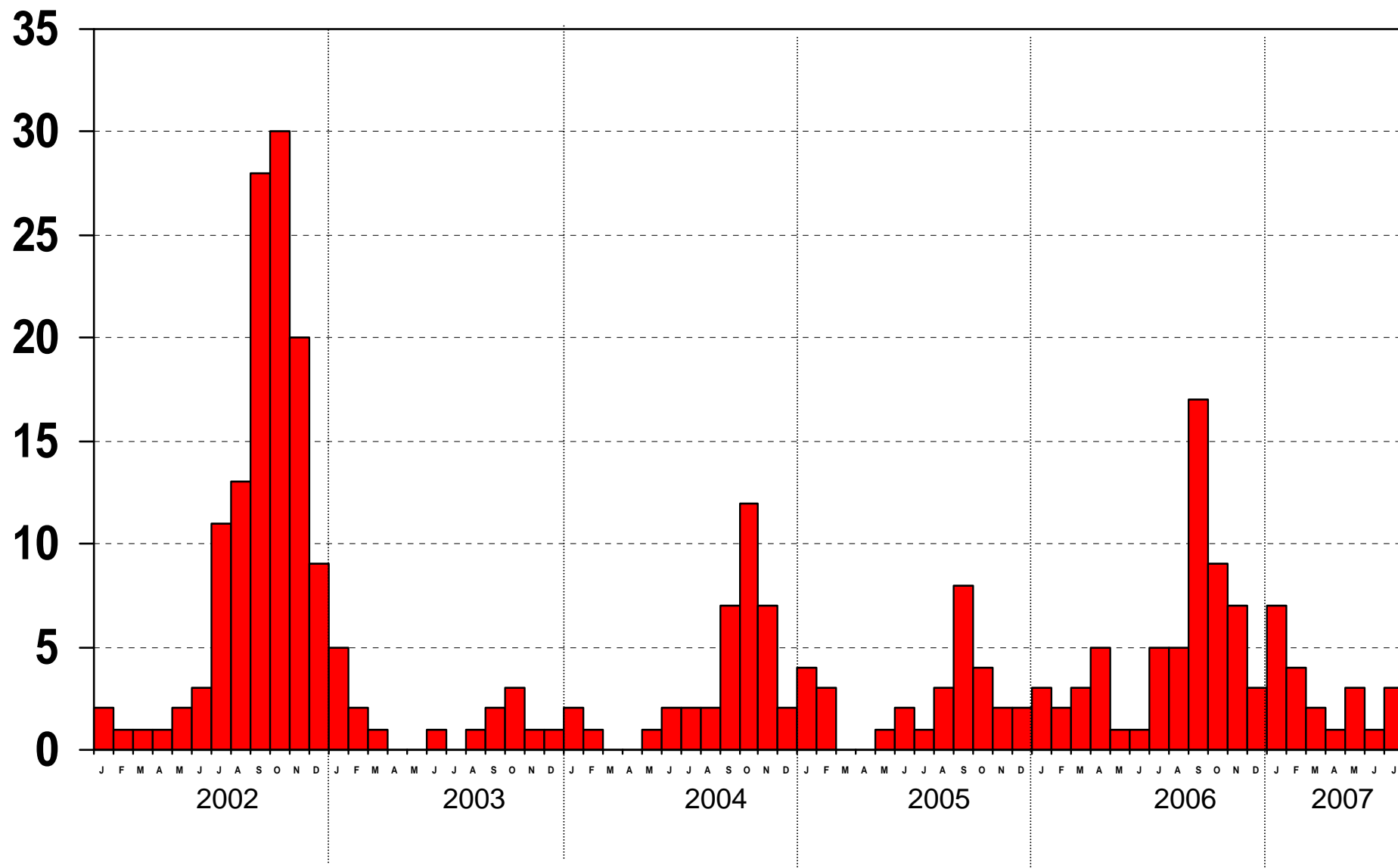


**2007**

- Total P1 wild cases = 59
- Total P3 wild cases = 164
- Total polio cases = 223
- Total infected districts = 56



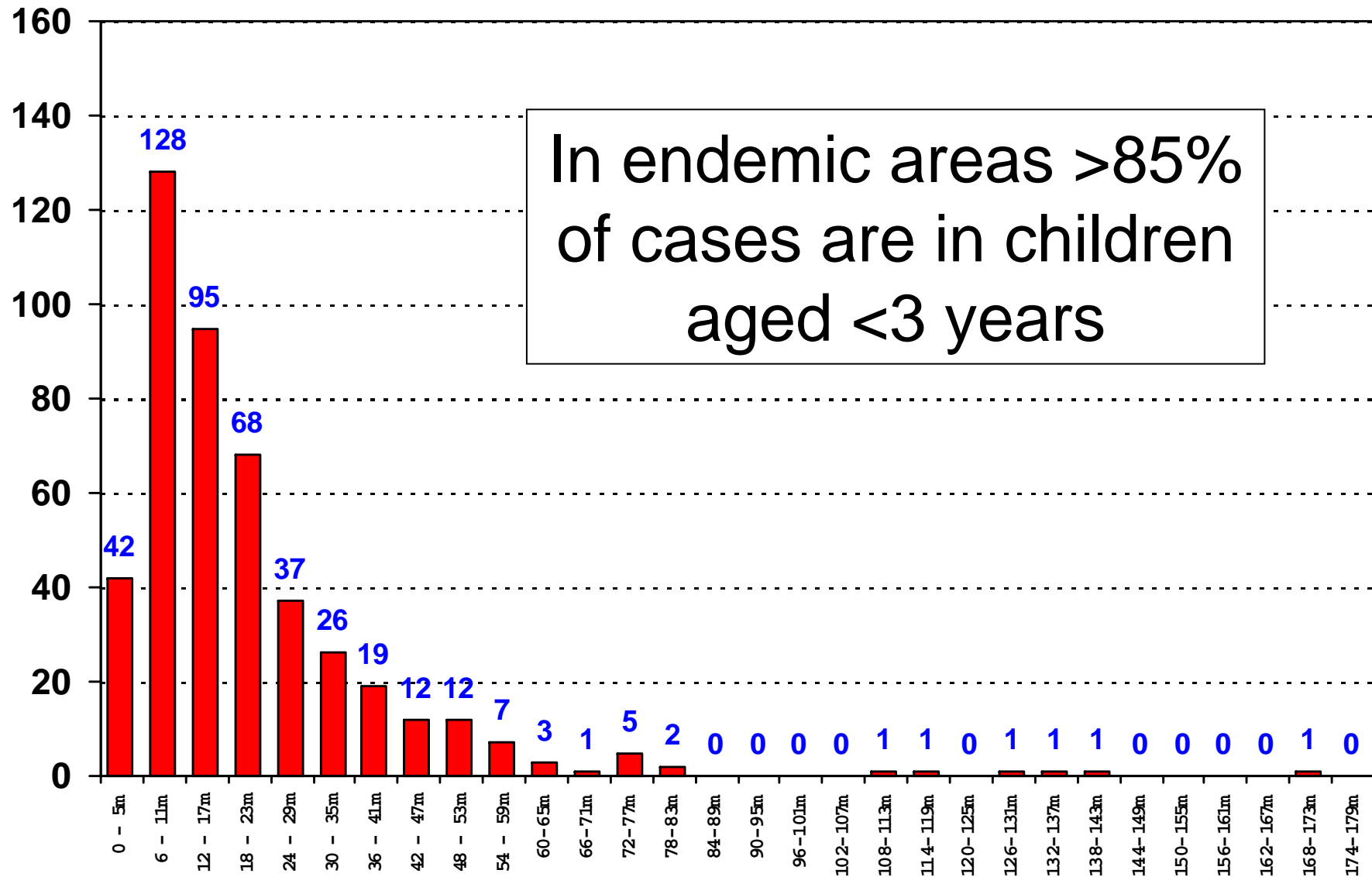
# Polio type 1, Bihar



\* data as on 18<sup>th</sup> August 2007

# Polio - a disease of very young children

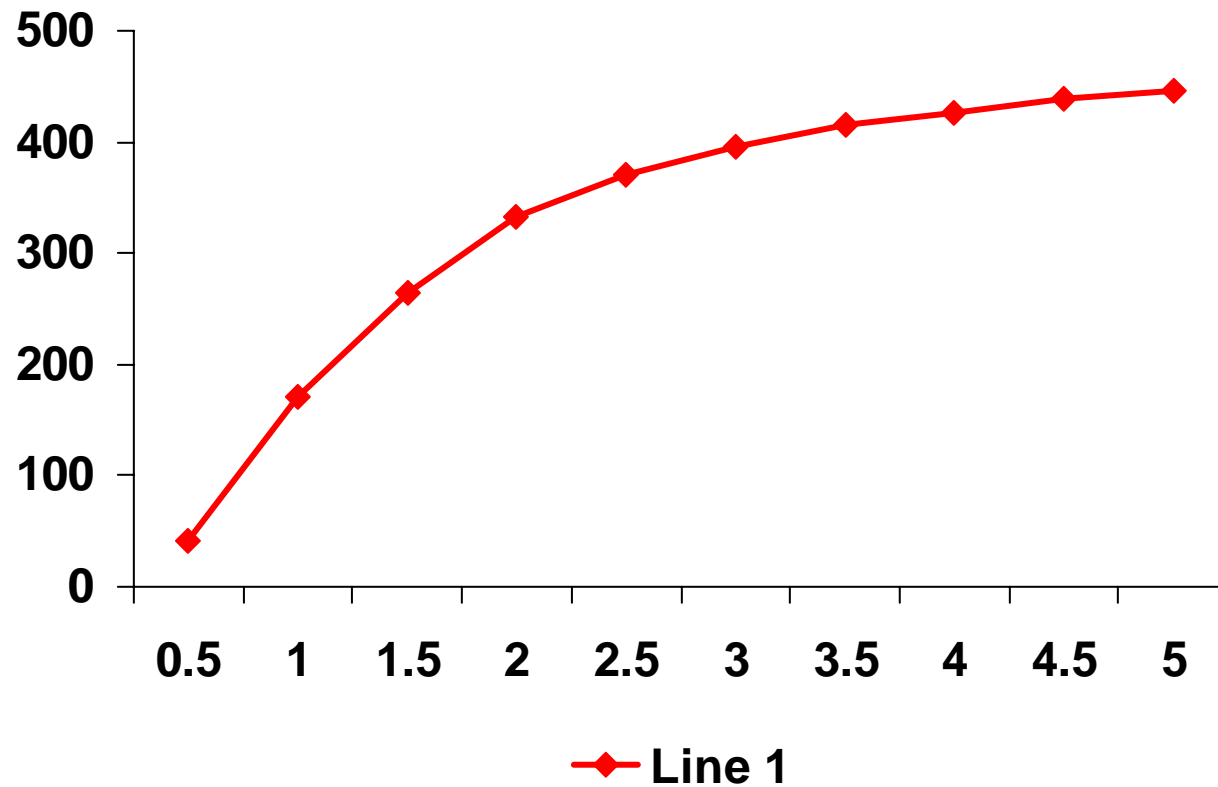
(P1 wild cases by age, Uttar Pradesh, 2006)



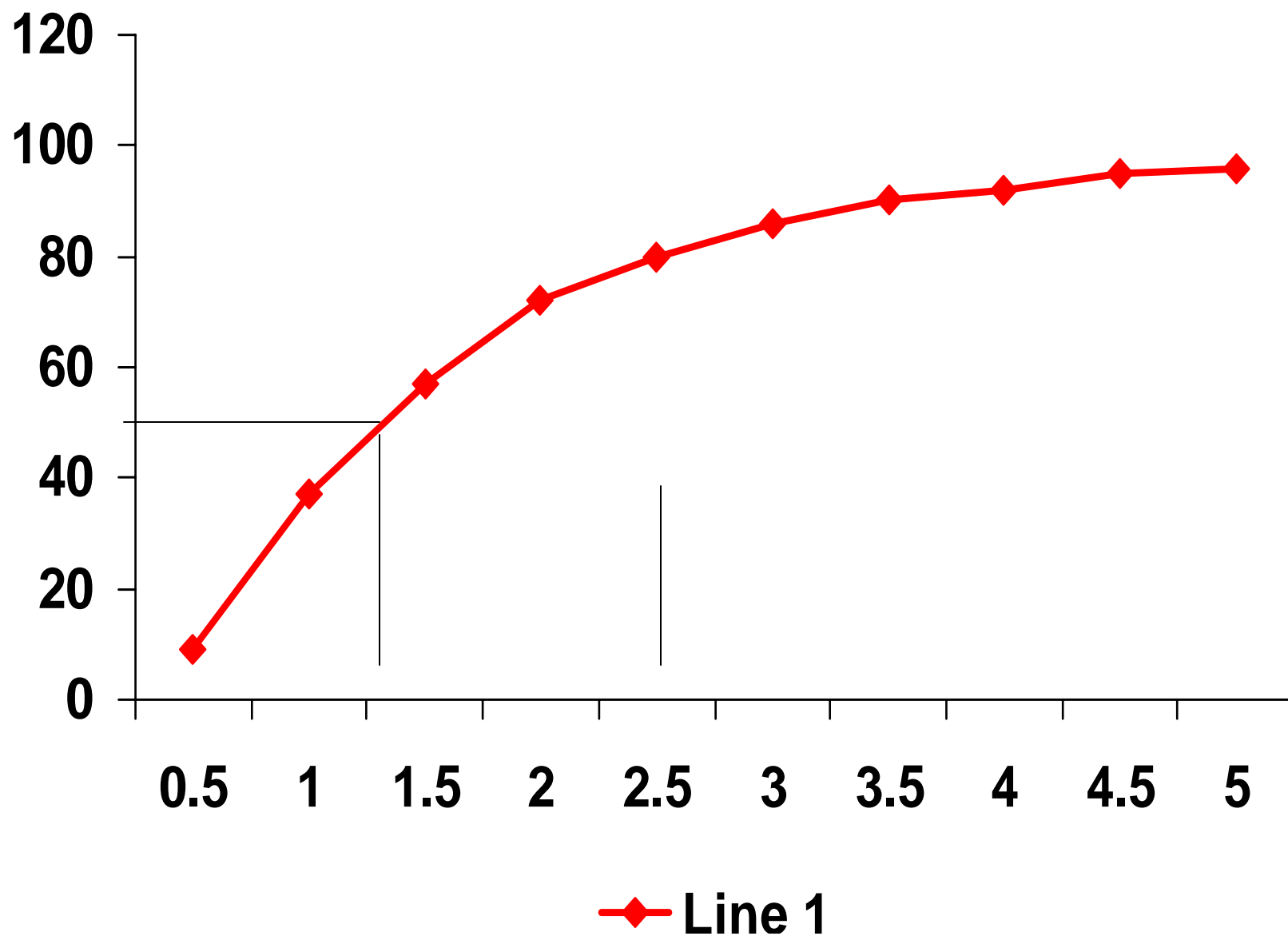
\* data as on 9<sup>th</sup> December 2006



# Age distribution, cumulative, cases

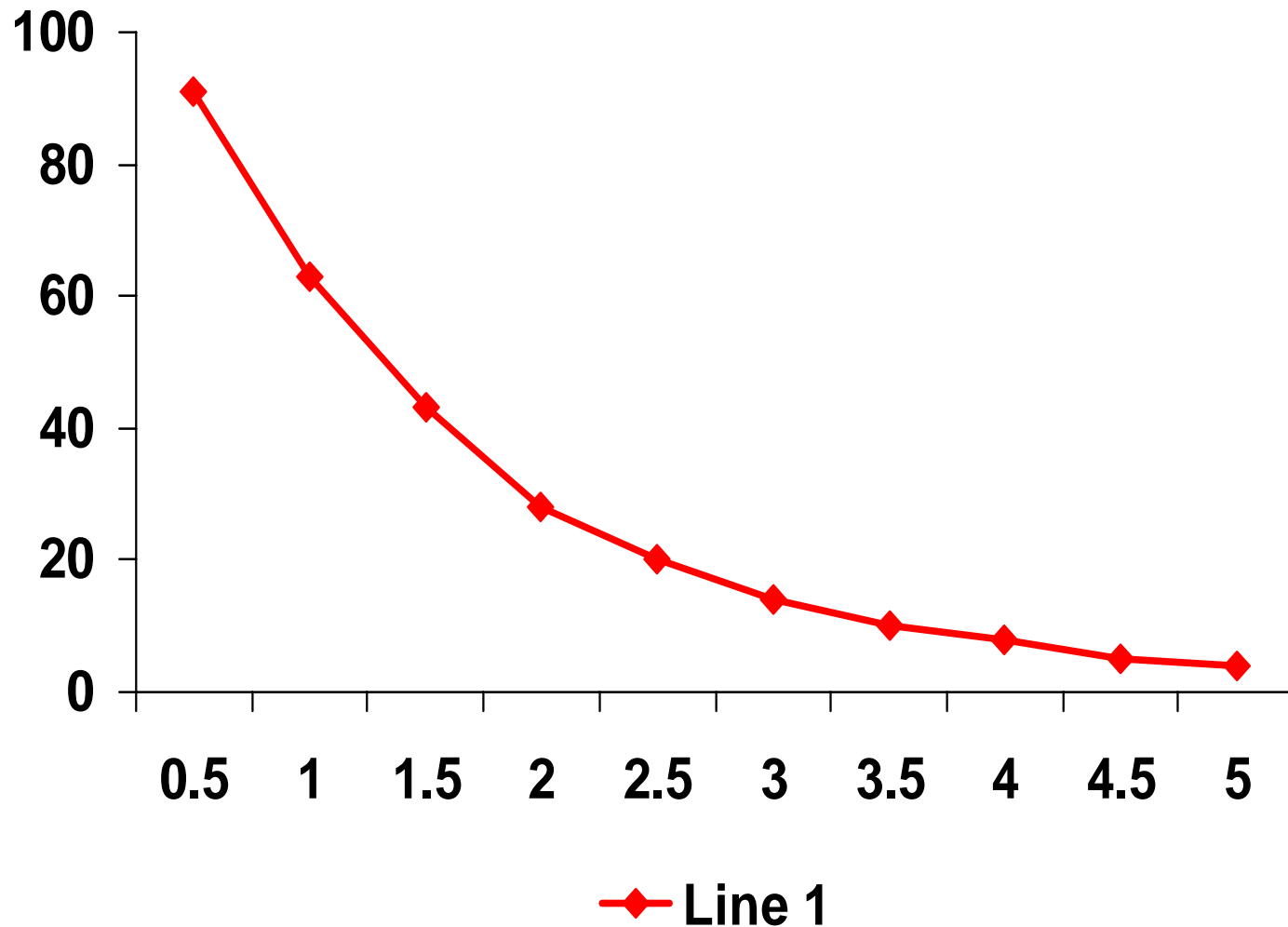


# Age distribution, cumulative, %



# Age distribution of susceptibility

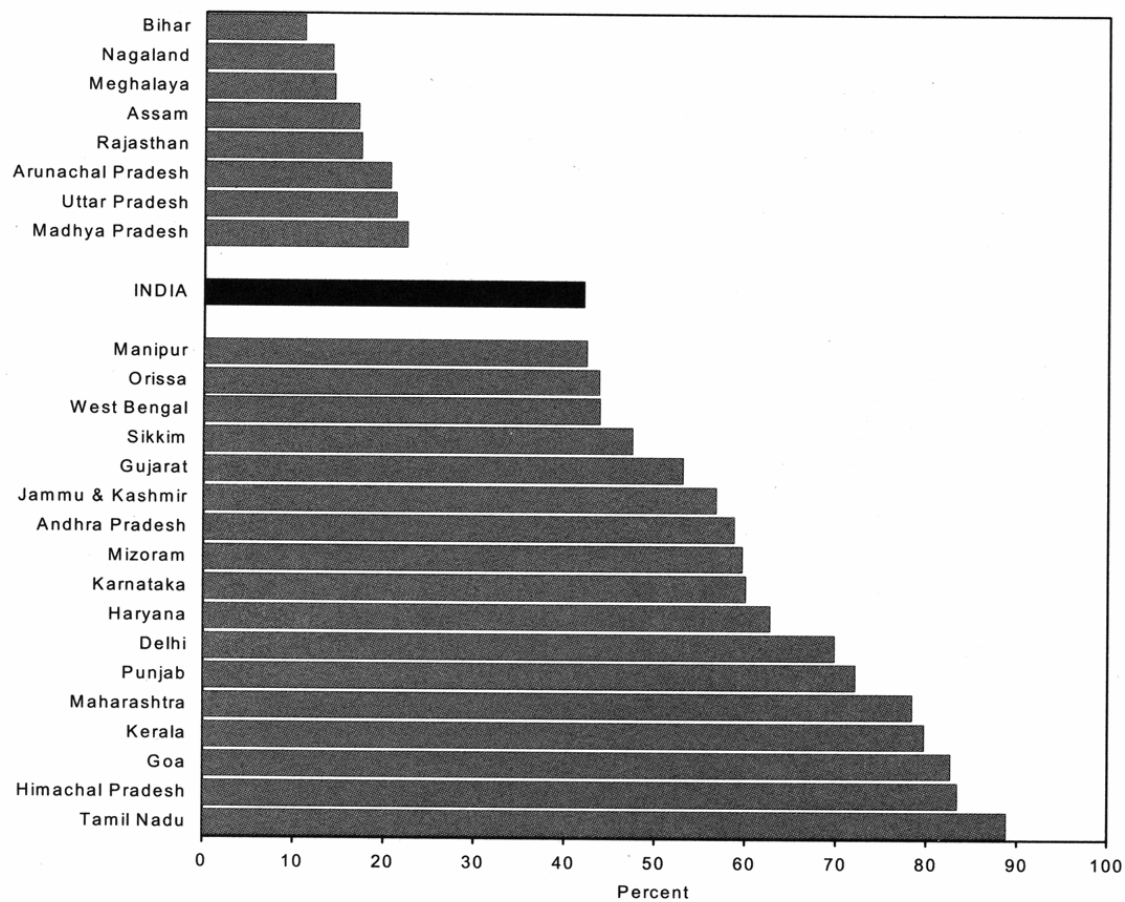
(mirror image of age distribution of cases)



# “Highly contagious” age profile

- 10% cases < 6 months
- Proves infection occurs very early; cases few due to maternal antibody protection
- The crucial age for “immunization” to impact on wild virus circulation <4 months
- Critical role of efficient EPI missing in the program
- Speed of immunization has not “competed” with speed of wild virus (1 & 3)
- Note: GPEI focus on < 3 years!

**Figure 6.7**  
**Percentage of Children Age 12–23 Months**  
**Who Have Received All Vaccinations by State**

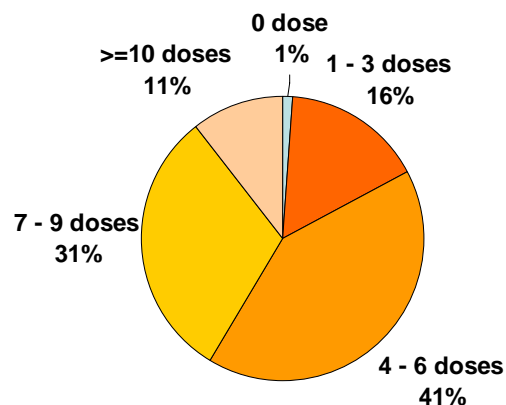


NHS-2, India, 1998–99

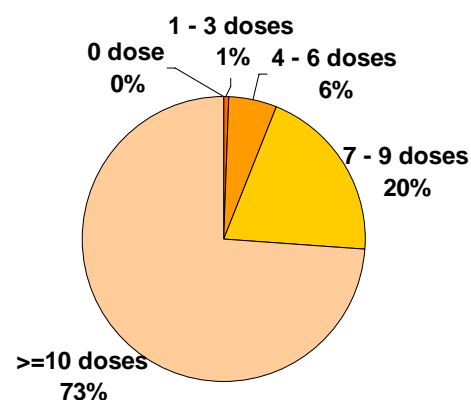
# Immunity Gap persists in Children < 2 years

(OPV status of NPAFP cases, West UP – 2006)

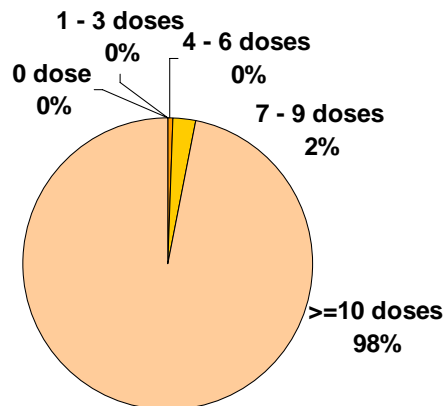
## Less than 1 year



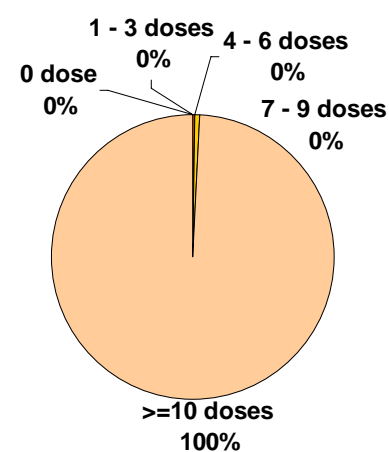
## 1 to 2 years



## 2 to 3 years



## 3 to 5 years



# OPV coverage, multiple doses, is:

- Function of age
- Above 1 year fairly well vaccinated
- Above 2 near 100% with 10 or more doses
- But <1 year only 11% with 10 or more doses
- 17% less than 4 doses; 58% <7 doses

# **vaccine-induced immunity must overtake the speed of wild virus transmission**

- That can be achieved by two pronged approach:
- High EPI coverage with mOPV-1 four times <4 months
- Or, IPV-DPT at 6-10-14 weeks

PLUS

- 3 campaigns at low season with mOPV-1 & mOPV-3
- Annually, until transmission is interrupted



# Build on success of type 2 eradication

- Type 2 wild virus was eradicated globally by October 1999
- OPV type 2 no longer necessary from wild virus viewpoint; its current function is only to preempt cVDPV-2
- That is just putting off the “evil day”
- Either do the “experiment” or avoid it by early transition to IPV. We confine ourselves to wild virus eradication

THANK YOU